

## SEPARATION NOTICE ALLEGING DISQUALIFICATION

1. NAME \_\_\_\_\_ 2. SS NO. \_\_\_\_\_  
3. DATE OF SEPARATION \_\_\_\_\_ 4. DATE HIRED \_\_\_\_\_ 5. DATE LAST WORKED \_\_\_\_\_

**PLEASE PROVIDE DETAILED EXPLANATION** for item checked below. Should this individual file a claim for unemployment insurance benefits, complete facts will enable this agency to make an equitable decision.

**6. REASON FOR LEAVING:**

- 01 ( ) Voluntary Leaving (Quit)
- 02 ( ) Discharge (Fired)
- 03 ( ) Lack of Work (R.I.F.)
- 04 ( ) Leave of Absence
- 05 ( ) Not Physically Able to Work
- 06 ( ) School Employee Contract
- 07 ( ) Refused Other Suitable Work
- 08 ( ) Labor Dispute
- 09 ( ) Retirement, Pension
- 10 ( ) Other (Please Explain)

**7. VACATION, SEVARANCE, DISMISSAL, BONUS, HOLDIAY PAY INFORMATION**

The employee received or will receive:

( ) Vacation \$ \_\_\_\_\_ week(s) \_\_\_\_\_  
( ) Severance/Dismissal \$ \_\_\_\_\_ week(s) \_\_\_\_\_  
( ) Bonus \$ \_\_\_\_\_ week(s) \_\_\_\_\_  
( ) Holiday Pay \$ \_\_\_\_\_ week(s) \_\_\_\_\_

LUMP SUM ( ) Vacation ( ) Accrued Leave  
( ) Severance/Dismissal Pay ( ) Bonus  
( ) Holiday Pay ( ) Other Remuneration  
covers a period of \_\_\_\_\_ week(s).

**EXPLANATION:**

---

---

---

---

---

I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_  
Employer Name Phone – Area Code & No. Employer Acct. No.  
11. \_\_\_\_\_ 12. \_\_\_\_\_  
Address – Street/Box City State Zip Code  
13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
Signature Title Date

---

**FILL OUT IN TRIPLICATE.** MAIL ORIGINAL TO – Administrator, Louisiana Department of Labor, Post Office Box 94094, Baton Rouge, LA, 70804-9094 WITHIN 72 HOURS after separation. Give a copy of this form and a copy of the “Instructions to the Worker” to the employee within 72 hours, and retain a copy for your files.

---

**Failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker’s separation from employment.**